

Fire Service Test Booking Form



A.F.S.P.A.B Accredited Certifier: Hydrants and Hose Reels
Portable Fire Equipment

Date of Application: _____

(Please include as much detail as possible to ensure an accurate assessment)

Test Type – please select type of test / report required

- Full Commissioning – Flow Tests and all facets of system reported.
- Flow Test Only – No reports on system equipment will be made.
- Inspection Only – No Flow test, but full reports made.

System test is for –

Client Name:

Client Address:

Suburb: State: Postcode:

Invoice to go to –

Client Name:

Client Address:

Site Detail –

Premises Name:

Address:

Suburb: State: Postcode:

Contact Name: Contact Phone:

Size of building (include awnings, canopies etc.): sq / mt

Number of stories: Building Class:

FWSR Group

RTO 45221 | REC 24757

ABN 97 162 393 035

28 Sunline Drive, Truganina VIC 3029

33 Florence Street, Shepparton VIC 3630

P 1300 886 208 | F 1300 853 849

E servicemelbourne@fwsrgroup.com.au

FO019 Fire Service Test Booking Form V2



www.fwsrgroup.com.au

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System Description –

Number of Hydrants	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Number of Hose Reels	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Booster	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pumpset(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sprinkler System Installed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CFA Regulation 2.2 / 309 Report	<input type="checkbox"/> YES	<input type="checkbox"/> NO

The following are required by the day of test –

Copy of Building Permit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CFA Regulation 309 Report <i>(if applicable)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Site Plans	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Fire Engineers Report <i>(if applicable)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

(please send copies by scan / fax / mail prior to the test day)

Other Information –

Client works order to be attached with this form

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